

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence Mo.

Primary Registration District No. 3019

City Independence Mo. (No. Independence Sanitarium)

37842

File No. 339

Registered No. 339

2. FULL NAME

Dr. George Williams

(a) Residence, No. 415 N. Spring

St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th 1858

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

13. NAME Jessie Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Ann Sundry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Marvin Boisseau St, Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct. 18 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer Son's

20. FILED 10 - 20 - 1937 F. R. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1937, to 10/16, 1937.

I last saw him alive on 10/16, 1937. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Central stenosis Date of onset 10/13/37

Other contributory causes of importance: Arterial Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Charles Granger M. D.

(Address) Independence, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

